



Bikesharing Reimbursable Funding Expression of Interest

Maryland Department of Transportation
Office of Planning and Capital Programming
7201 Corporate Center Drive
Hanover, Maryland 21076
Phone: 410-865-1237 / Fax: 410-865-1198

_____Project
Title: _____

Project Category:

_____Feasibility Study

_____Bikeshare Implementation

Is this a continuation of a prior/existing Project?

_____Yes If yes, please provide Project Number: _____

_____No If yes, please provide Project Amount: _____

_____Federal ID Number: _____

Funds Requested	Funds from Other Sources	Estimated Total Project Cost
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(reimbursable MDOT funds)

(non-reimbursable match)

_____ + _____ = _____

Project Coordinator:

Name: _____

Title: _____

Agency: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____

Organization Type:

_____County _____City/Town _____M-NCCPC _____Other /Specify: _____

Member of Metropolitan Washington Council of Governments? _____Yes _____No

Exhibit A: Work Statements

Grant Administrative Requirements:

- Assign a Project Director/Coordinator to oversee and monitor implementation of project.
- Submit Status Reports, Reimbursement Claims and Reimbursement Itemization Reports on a quarterly basis, due no later than January 31st, April 30th, and July 31st or monthly, with prior MDOT approval. Submit other required forms as necessary.
- Evaluate the project in terms of the degree to which Project Objectives were achieved and Project Activities were accomplished.
- Prepare and submit an overall Final Evaluation Report, Final Reimbursement Claim and Final Reimbursement Itemization Report no later than October 31st.

A1. Problem Identification: (Describe the problem to be addressed by bikesharing using data, needs assessment, etc.)

A2. Project Description: (Describe in simple terms the scope of the project including target area, target audience, etc)

A2A. For Feasibility Study Funding please provide

1. Goals and Objectives for the bike share program:
2. Demonstrated commitment to 20% local match:
3. Describe assessment of proposed bike share service area including:
 - likelihood of success
 - estimated size and scope of the program
 - proximity to transit
 - community demographics
 - degree of bike compatibility of the current transportation network within the service area
4. A Geographic map of the proposed service area

A2B. For Implementation Funding please provide

1. Demonstrated commitment to 20% local match
2. Geographic map of station locations with necessary supporting documentation
3. Outreach actions to the community and property owners which have occurred to get “buy-in” on each station location
4. Explanations of why the station locations make sense in relation to the goals of the program (e.g. connectivity to transit centers, bike routes, dense communities and/or job markets, etc)
5. Project ridership and associated air quality benefits
6. Ownership/lease arrangements for each station
7. A description of how the bike sharing program will be operated (e.g. Capital Bikeshare, another vendor, government agency, etc)

A3. Project Objectives: (List the Impact and Administrative Objectives to be met – must be S.M.A.R.T. objectives)

A4: Project Activities: (List the Project Activities/action plan to be used to implement the project)

A5. Project Evaluation: (Describe how the project will be evaluated, using both Impact and Administrative Evaluation)

Impact Evaluation –

Administrative Evaluation -

Exhibit B: Estimated Expenditures (Page 1 of 2)

B1. Salaries & Benefits					Column A	Column B
<u>Annual</u>						
Position	Last Name	Salary	Benefits	# of Hours Worked Per Week on Project	Funding Requested (reimbursable MDOT funds)	Funds From Other Sources (non-reimbur- sable match)

Subtotal: Salaries & Benefits

B2. Contractual Services

(method of payment required – flat fee for service/ person-days effort / rate per hour, etc)

Description	Method of Payment	80% MDOT	20% Match
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Subtotal: Contractual Services

B3. Equipment

Description	Quantity	Unit Cost	80% MDOT	20% Match
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Subtotal: Equipment

B4. Other Direct Costs

(grantee must get prior approval from MDOT for educational and promotional materials, incentive & media items)

Description	Quantity (if applicable)	Unit Cost (if applicable)
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Subtotal: Other Direct Costs

ESTIMATED EXPENDITURES BY FUND SOURCE

GRAND TOTAL ESTIMATED EXPENDITURES 100%

Bikesharing Reimbursable Funding Project Agreement

Maryland Department of Transportation
Office of Planning and Capital Programming
7201 Corporate Center Drive
Hanover, Maryland 21076
Phone: 410-865-1277 / Fax: 410-865-1198
(Note: Be sure to review instructions before completing form)

The formal approval of this Project Agreement and the obligation of funds to it are contingent upon the availability of anticipated federal funds, as determined by Congress, Maryland statute or other federal or state action.

Project Title:

Project Agency & Address:

Fund Recipient & Address:

Federal ID Number:

The undersigned agree that the Project Agency will carry out the Project Work Statements set forth in Exhibit A, within the Project Period, in general accordance with the Estimated Project Expenditures shown in Exhibit B, and in compliance with the Project Conditions stated in Exhibit C, for which reimbursement will be made for actual reimbursable expenditures, the amount of which is not to exceed the amount of Funds Obligated from MDOT. Furthermore, the Project Agency acknowledges that it is eligible under grant guidelines to receive grant funds; can accept a reimbursable grant; will supply a twenty percent (20%) match to the project; can successfully implement the project at the indicated funding level; and accepts the provisions of the Agreement including its Project Conditions.

Project Coordinator & Financial Administrator:

Project Coordinator:

Name: _____

Title: _____

Agency: _____

Address: _____

Phone/Fax: _____

E-mail: _____

Financial Administrator:

Name: _____

Title: _____

Agency: _____

Address: _____

Phone/Fax: _____

E-mail: _____

Project Director & Authorizing Official Signatures:

Project Director:

Name: _____

Title: _____

Agency: _____

Address: _____

Phone/Fax: _____

E-mail: _____

Authorizing Official:

Name: _____

Title: _____

Agency: _____

Address: _____

Phone/Fax: _____

E-mail: _____

FOR MDOT USE ONLY

Project Start Date: _____

Project Period End Date: _____

Funds Obligated from MDOT: _____

MDOT Secretary Approval _____ Date: _____

Bikesharing Reimbursable Funding Reimbursement Claim

Maryland Department of Transportation
Office of Planning and Capital Programming
7201 Corporate Center Drive
Hanover, Maryland 21076

Phone: 410-865-1277/ Fax: 410-865-1198

(Note: Be sure to review instructions before completing form)

Project Title: _____

Project Agency: _____

Project # _____

Final Claim?

___ Yes ___ No

Reimbursement Claim will not be processed without accompanying Status Report &
Reimbursement Itemization Report

Reimbursement is to be made to:

Fund Recipient

Street Address, City, State, Zip

___ Check here if address has changed

Cost Category	Reimbursement Limitation	Cumulative Reimbursement	Reimbursement Previously Requested	Reimbursement Requested This Period (in whole \$s)	Total Reimbursement Requested To Date	Non-Reimbur- sable Expen- ditures This Period (Match)
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Salaries & Benefits

Contractual Services

Equipment

Other Direct Costs

Indirect Costs

Total

Is reimbursement, in whole or in part, being requested for any Equipment having a per unit cost of \$1,000 or more?

If yes did you request & receive permission from MDOT prior to the purchase? ___ Yes ___ No

If yes, an Equipment Accountability Report must be attached for each such item ___ Yes ___ No

Is reimbursement being requested for any Educational Materials, Incentive Items or Media?

If yes, did you request MDOT review & receive prior approval for the production of these items? ___ Yes ___ No

If yes, a sample of each must be attached for the MDOT files. ___Yes___No

Has any Program Income been generated directly by this project? ___Yes___No

If yes, has all such income been deducted from project expenditures? ___Yes___No

The information provided herein is accurate and the above-requested reimbursement represents true and actual expenditures during this period in accordance with the terms and conditions of the Project Agreement. Documentation supporting these expenditures is on file and available for review by MDOT upon request.

_____ Date _____ Date _____

Project Director Signature Other Official Signature (optional)\

FOR MDOT USE ONLY

MDOT Director Signature _____ Date _____

FOR FMS USE ONLY

Entered into GMS _____	Entered into FMS _____
Initials Date	Initials Date

Voucher # _____

Financial Officer Signature _____ Date _____

Bikesharing Reimbursable Funding Reimbursement Itemization Report

Maryland Department of Transportation
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(Note: Be sure to review instructions before completing form)

Project Title: _____ Project #: _____

Project Agency: _____

Period Covered: _____ through _____

B1. Salaries & Benefits

Column A

Column B

Annual

Description	Salary & Benefits	Quantity	Unit Cost/Rate	MDOT Funds	Matching Amount
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Subtotal: Salaries & Benefits

B2. Contractual Services

(method of payment required – flat fee for service/ person-days effort / rate per hour, etc)

Description	Method of Payment	80% MDOT	20% Match
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Subtotal: Contractual Services

B3. Equipment

Description	Quantity	Unit Cost	80% MDOT	20% Match
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Subtotal: Equipment

B4. Other Direct Costs

(grantee must get prior approval from MDOT for educational and promotional materials, incentive & media items)

Description	Quantity (if applicable)	Unit Cost (if applicable)
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Subtotal: Other Direct Costs

ESTIMATED EXPENDITURES BY FUND SOURCE

GRAND TOTAL 100%

Bikesharing Reimbursable Funding Status Report

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(Note: Be sure to review instructions before completing form)

Project Title: _____ Project #: _____

Project Agency: _____ Reimbursement Requested _____

Period Covered: _____ through _____ This Period: \$ _____

Administrative Tracking:

#of meetings attended _____ # of plans drafted/prepared _____

Summary of Activities Conducted This Report Period:

Problems or Issues Encountered This Report Period:

Project Coordinator Signature _____ Date: _____

FOR MDOT USE ONLY

MDOT Director Signature _____ Date: _____